

TOTAL DUE

APPLICATION FOR BUSINESS LICENSE (TAX) CERTIFICATE REQUIRES ZONING AND OCCUPANCY REVIEW

Finance Department 17575 Peak Avenue Morgan Hill, CA 95037 PH: 408.779.7240 FAX 408.779.7236

						1700 400177317230
						B/L Account No
BUSINESS INFORMATION	l:					
Business Name						PROPERTY INFORMATION
DBA (if different)						Sq. Feet
Physical Street Address			Suite			APN
City	Ç	State	Zip Cod	de		Own (on Title)
Mailing Address (if differen	t)					Rent: (Select One)
City	9	State.	Zip Cod	de		Primary Lessee
Telephone No.	(Cell Phone No.				Station Rental
Fax No. Webpage Address					Sub Lessee	
E-mail Address Est. date business to open in M.H.						
Nature of Business (please be descriptive)		·			BUSINESS STRUCTURE (Select One)	
Business Owner's Info	rmation: (Include pa	artner(s) and/or board	member names)			Sole Proprietor
Owner's Name	Title	Title			General Partnership	
Home Address		City		Zip		Corporation
Home Phone Number		Is th	is a cell phone?	Yes	No	S Corporation
Owner's Name		Title				Ltd. Liab. Partnership
Home Address		City		Zip		Ltd. Liab. Company
Home Phone Number		Is th	is a cell phone?	Yes	No	Other
						CLASSIFICATION
Business Tax Informati	on:					(Select One)
Federal Employer ID Number		State Employer's Number			, ,	
State Resale Permit No. (a	alpha-numeric)					Home Based
State License No.	Expiration	n Date	Agency issued b	ру		Fixed Place
Social Security No.	[Oriver's License No.		State		Professional
Fee Calculation (See Class	ssification Definitions	Tayes and Fee Schedule	a)			Contractor No Fixed Place
Tax rates are in accordance to t				r (July 1 st th	rough June	Apt/Motel/ M Home Pk
30 th). ALL business license certi	ficates <u>expire</u> on June 30	th , no exception to date of	application submittal or a	ctivation d	ate.	Non Profit 501(c)3
\$ Tax Rate						Peddler / St. Vendor
•		unlovees less two (free	of charge) = number X	rate = ch	arge	Tax Exempt
\$ Full-time Employees Charge: # x \$ (rate)					Veteran	
	time Employees	Charge: #	x \$	(rate)		Other
\$ Units #	x \$		otels, Vending Machines, I	, ,	ey, MH Park)	055 11 0-1 - 5
	State Mandated Fee	. , , , , , , , , , , , , , , , , , , ,	. J	J		Office Use Only – Payment
	Application Review Fee (Apply: ALL new business license applications)					Receipt #:
\$ Zoning R	Zoning Review Fee (Annly: All husinesses based within M.H. city limits)				Mathad	

The business information, classification, business structure, and fee calculation sections herein disclosed may be shared with other City departments, the Morgan Hill Chamber of Commerce, the Morgan Hill Downtown Association, and third party entities, as necessary, for legitimate business purposes.

A business tax certificate merely represents receipt of payment of the applicable business tax. Neither this application for a Business License Certificate nor the issuance of a Business License Certificate authorizes the opening or operation of any business in the City of Morgan Hill unless the business is operated and maintained in compliance with all of the State of California, ordinance of the City of Morgan Hill, and all rules and regulations promulgated thereunder. Issuance of a Business License Certificate results from the assurances of the application that the business is in compliance with zoning and building laws and that the business is not prohibited by law.

I hereby certify under penalty of perjury that I have read the foregoing and that the information provided is true and correct.

Signature	Title	Date